

FIRE PROTECTION BUREAU ACCREDITATION AND CERTIFICATION PO Box 42600

Olympia WA 98504-2600 (360) 596-3945 FAX: (360) 596-3936



HAZARDOUS MATERIALS COURSE REGISTRATION

Course Identification			
Course:	Course Date(s):		
Lodging Requested? Please note: Lodging is not provided for most courses. Refer to class advertisement.			
Student Information			
Last Name:	First:		Middle Initial:
Agency:			
Rank/Position:	*Last Four Digits of SSN and DOB (i.e. 1234/01/23/45)		
*Mailing Address:			
City:	County:	State:	Zip:
Contact Phone: ()	FAX: _()	E-Mail:	
If firefighter, status: Paid V	olunteer		
*REQUIRED			
A Minimum of Hazardous Materials Operations is required for attendance to the On-Scene Incident Command, the Awareness and Operations Train-the-Trainer, and the Technician courses. Prerequisite met? Yes No			
Companida ada Nasas			
	E-Mail:		
Supervisor's Signature (if require	d by your agency):		

Return completed registration by e-mail, FAX, or postal mail to:

Washington State Patrol
Fire Protection Bureau – Haz Mat Training
PO Box 42600
Olympia WA 98504-2600
FAX (360) 596-3936
hazmat@wsp.wa.gov